*date*

To Whom it May Concern:

I am writing to state that *name of patient* tested NEGATIVE for COVID -19 at St. Christopher’s Center for the Urban Child on xx/xx/2020. However, because they had a COVID-19 positive contact on xx/xx/2020, they must still quarantine for 14 days, which will end on xx/xx/2020.

Please contact us with any questions: 215-427-5985

Sincerely,

Emily Spengler